

10/591130

IAP5 Rec'd PCT/PTO 30 AUG 2006

Application Data Sheet

Application Information

Application Type:: National Stage
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: AN IMPROVED BED COVERING
Attorney Docket Number:: 4505-1050
Request for Early No
Publication?::
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 3
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NEW ZEALAND
Status:: Full Capacity
Given Name:: MICHAEL LLEWLLYN
Middle Name::
Family Name:: SPICER
Name Suffix::
City of Residence:: WANGANUI
State or Province of
Residence::
Country of Residence:: NEW ZEALAND
Street of Mailing 3 VIRGINIA HEIGHTS
Address::
City of Mailing Address:: WANGANUI
State or Province of Mailing Address::
Country of Mailing Address:: NEW ZEALAND
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NEW ZEALAND
Status:: Full Capacity
Given Name:: JANICE ANN
Middle Name::
Family Name:: SPICER
Name Suffix::
City of Residence:: WANGANUI
State or Province of
Residence::
Country of Residence:: NEW ZEALAND
Street of Mailing 3 VIRGINIA HEIGHTS
Address::
City of Mailing Address:: WANGANUI

State or Province of Mailing Address::
Country of Mailing Address:: NEW ZEALAND
Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/NZ2005/000033	3/2/05

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
NEW ZEALAND	531500	3/3/04	Yes

Assignment Information

Assignee Name::
Street of Mailing
Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::